[Your Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Insurance Company Name]
[Policy Department]
[Address]
[City, State, Zip Code]

Subject: Request for Reinstatement of Life Insurance Policy #[Your Policy Number]

Dear Customer Service Department,

I am writing to formally request the reinstatement of my life insurance policy, number [Policy Number], which recently lapsed on [Date of Lapse] due to non-payment of premiums.

I value the coverage provided by this policy and wish to bring the account back into good standing. Please let me know the total amount currently due, including any outstanding premiums, late fees, or interest, so that I may submit payment immediately.

Please also inform me if I am required to complete a new Statement of Health form or undergo a medical examination as part of the reinstatement process. If any specific forms are required, please send them to my address listed above or provide a link for digital submission.

Thank you for your assistance in restoring my coverage. I look forward to your prompt response regarding the next steps.

Sincerely,

[Your Signature]

[Your Printed Name]